



U.S. Department
of Transportation
National Highway
Traffic Safety
Administration

DOT Auto Safety Hotline
Vehicle Owner's Questionnaire
To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET: www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 252

Date Received

Repository ☐

2003 AUG -7 01:10:37
01-JUL-2003

Reference No.
10026368

OWNER INFORMATION (Type or Print)

Name

Address

City LINWOOD

State MI

Zip Code

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ YES ☒ NO
In the absence of an address or address to the vehicle manufacturer.
Signature of Owner Date 7/16/03

VEHICLE INFORMATION

17 digit Vehicle Identification Number: Located at bottom of windshield on driver's side

1FAFP34491W305516

Make
FORD

Model
FOCUS

Model Year
2001

Date Purchased

3-8-03

Dealer's Name and Telephone Number

Hagen Ford

Engine:

No. Cylinders

4

Fuel Type:

Gasoline

Original Owner

☐

Dealer's City

Ann Arbor MI

State

MI

Zip Code

48107

Transmission Type

Auto

☒ Antilock Brakes

☒ Cruise Control

Powertrain

Front wheel drive

Vehicle Component Code

141000 AIR BAGS: FRONTAL

Multiple Failures: 4 times so far.

6-9-03

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)

01-JUL-2003

Failure Mileage

32,652

Failure Speed

0

Engine is racing when brake is engaged. Once while driving, trying to stop. Other 3 incidents have been just as car was started.

5-30-03

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE before 70 year

Tire Make

Tire Model (Name or Number)

Tire Size (Example P215/65R15)

DOT No. (Example: DOTM19ABC036)

☐ Original Equipment

☐ Prior Repair

Failure Location:

Tire Component Code

Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:

Date Manufactured:

Model No./Name:

Seat Type:

Installation System:

Child Seat Component Code:

Failed Part:

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(es).)

Crash

☒ Yes ☐ No

Fire

☐ Yes ☒ No

Number of Persons Injured

Number of Deaths

Reported to Police

Narrative Description of Incident(s), Crash(es), and Injury(es).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e., parts repaired or replaced (and if old part is available).

WHILE TRAVELING ON THE HIGHWAY AND WITHOUT PRIOR WARNING. ANOTHER VEHICLE JUMPED IN FRONT OF CONSUMER'S VEHICLE, CAUSING HER TO HIT HER FROM BEHIND. UPON IMPACT, THE DRIVER'S SIDE AIR BAG DIDN'T GO OFF. *AK

No harm has been done yet, but car is not dependable. It is trying to go when you are trying to stop. Car was returned to Hagen Ford 6/10/03. They were waiting for word from Ford Motor Corp. as to what to try next. Third time in for this.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

(over)

**THE ATTACHMENTS TO THIS
DOCUMENT HAVE BEEN REMOVED
TO PROTECT UNWARRANTED
INVASION OF PERSONAL PRIVACY
PURSUANT TO EXEMPTION 6 OF
THE FREEDOM OF INFORMATION
ACT (FOIA), 5 U.S.C. 552(b)(6).**